

<b>Case Number:</b>	CM13-0054504		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58-year-old male with a date of injury of 10/21/2013. The list of diagnoses per [REDACTED] dated 10/16/2013 are: (1) Bilateral wrist carpal tunnel syndrome, (2) left elbow history of lateral surgery with sequelae, (3) right elbow epicondylitis. According to report dated 10/16/2013 by [REDACTED], patient presents with bilateral elbow and bilateral wrist complaints. The patient complains of constant pain with burning and stiffness in the bilateral elbows and bilateral wrists. On examination of the bilateral elbows, there is tenderness noted upon palpation. Range of motion is limited. Examination of bilateral wrists shows tenderness upon palpation with decreased range of motion. That is the extent of the physical examination findings.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Electromyography (EMG) of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The employee presents with bilateral wrist and bilateral elbow pain. The treating physician requests EMG/NCV for bilateral upper extremities. Utilization review dated 11/13/2013 denied request stating "no documented exam, evidence providing any support for indication of nerve compromise." The ACOEM Guidelines page 262 has the following regarding EMG/NCV for wrist/hand symptoms, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. These may include nerve conduction studies or more difficult cases, electromyography may be helpful." The ACOEM Guidelines further indicate that NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS; if the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In this case, there has been no prior EMG/NCV testing and given the employee's continued complaints of pain, further diagnostic testing may be warranted at this time. Recommendation is for authorization.

**Nerve Conduction Velocity (NCV) of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The employee presents with bilateral wrist and bilateral elbow pain. The treating physician requests EMG/NCV for bilateral upper extremities. Utilization review dated 11/13/2013 denied request stating "no documented exam, evidence providing any support for indication of nerve compromise." The ACOEM Guidelines page 262 has the following regarding EMG/NCV for wrist/hand symptoms, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. These may include nerve conduction studies or more difficult cases, electromyography may be helpful." The ACOEM Guidelines further indicate that NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS; if the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In this case, there has been no prior EMG/NCV testing and given the employee's continued complaints of pain, further diagnostic testing may be warranted at this time. Recommendation is for authorization.

**Six (6) sessions of physical therapy (PT) for the bilateral elbows:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers Comp (TWC) - Elbow (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The employee presents with bilateral elbow and bilateral wrist pain. The treating physician recommends the employee to "start a course of PT 2 x 3." Documentation shows that utilization review dated 11/13/2013 certified request for 2 x 3 PT for bilateral elbows.

For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis and neuralgia-type symptoms 9 to 10 visits over 8 weeks. Medical records show the employee has not received physical therapy for his bilateral elbow complaints. Recommendation is for approval

**Durable medical equipment (DME): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers Comp (TWC) - Forearm, Wrist & Hand (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Durable Medical Equipment.

**Decision rationale:** The employee presents with bilateral elbow and bilateral wrist pain. The treating physician requests a paraffin unit. The MTUS and ACOEM Guidelines do not discuss paraffin unit specifically. However, the ODG Guidelines under wrist and hand has the following regarding paraffin wax baths: "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercise can be recommended for beneficial short-term effects for arthritic hands." In this case, there is no indication for a paraffin unit as this employee does not have arthritis of the hands. The requested paraffin unit is not medically necessary, and recommendation is for denial.